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**Invoice ID: 2312611**  
**Created on 12/30/2015 5:14 PM**  
**Last updated on 12/30/2015 5:14 PM**

**Applicant Form Identifier** 14SSD-ENA

### Block 1: Header Information

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<b>1. Billed Entity Name</b>	<b>2. Billed Entity Number</b>	<b>3. Service Provider Identification Number (SPIN)</b>
SALMON SCHOOL DISTRICT 291	142674	143030857

**Applicant FCC Form 498 ID**

<b>4. Contact Name</b>	MEGAN RESTIERI
<b>5. Contact Telephone Phone</b>	( 203 ) 445-9577
<b>Contact Fax</b>	( 203 ) 445-0456
<b>Contact Email</b>	mrestieri@erateportal.com

**6. Total Reimbursement Amount**  
**(total from Block 2, Column 14)**  
 \$ 9194.26

### Block 2: Line Item Information Per Funding Request Number

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7. FCC Form 471 Application Number  (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN)  (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 939751	2635780		7/1/2014		\$ 11940.60	77	\$ 9194.26	AWAITING CERTIFICATION

### Block 3: Billed Entity Certification

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**Contact Information for Billed Entity Authorized Person:**

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form.

To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 12/30/2015


17. Name DICK HADLOCK  
18. Title/Position TECHNOLOGY COORDINATOR  
20. Address 1 907 SHARKEY STREET  
Address 2  
City SALMON  
State ID  
Zip Code 83467 -

19. Phone Number ( 208 ) 756-4271  
19a. Fax Number ( 208 ) 756-6695  
19b. Email DICK.HADLOCK@SALMON291.ORG  
19c. Name of Authorized Person's Employer Salmon School District 291

OMB Number 3060 - 0856 Form 472

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**Invoice ID: 2675665**  
**Created on 8/29/2017 2:54 PM**  
**Last updated on 9/1/2017 5:08 AM**

**Applicant Form Identifier** 14SSD-472ENA

### Block 1: Header Information

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<b>1. Billed Entity Name</b> SALMON SCHOOL DISTRICT 291	<b>2. Billed Entity Number</b> 142674	<b>3. Service Provider Identification Number (SPIN)</b> 143030857
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**Applicant FCC Form 498 ID**  
443019250

<b>4. Contact Name</b> <b>5. Contact Telephone Number</b> <b>Contact Fax</b> <b>Contact Email</b>	MEGAN RESTIERI ( 203 ) 445-9577 ( 203 ) 445-0456 mrestieri@erateportal.com
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**6. Total Reimbursement Amount**  
**(total from Block 2, Column 14)**  
 \$ 9194.26

### Block 2: Line Item Information Per Funding Request Number

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7. FCC Form 471 Application Number  (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN)  (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 939751	2635780		7/1/2014		\$ 11940.60	77	\$ 9194.26	COMPLETED

### Block 3: Billed Entity Certification

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#### Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

**Submission Date** 8/29/2017

**17. Name** MEGAN RESIERI  
**18. Title/Position** ACCOUNT MANAGER  
**20. Address 1** 200 Boston Post Rd  
**Address 2** Suite 11  
**City** Orange  
**State** CT  
**Zip Code** 06477 -

**19. Phone Number** ( 203 ) 445-9577  
**19a. Fax Number** ( 203 ) 445-0456  
**19b. Email** mrestieri@erateportal.com  
**19c. Name of Authorized Person's Employer** E-RATE ONLINE

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